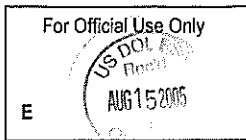


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6305</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Stephen</u> <u>R</u> <u>Flint</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5524 Radford Ave.</u> City <u>Valley Village</u> State <u>California</u> ZIP Code + 4 <u>91607</u>	4. Name, file number, and address of labor organization. Name <u>Stage & Picture Operators AFL-CIO</u> Labor Organization File Number <u>022-852</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>7755 Sunset Blvd.</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90046</u>
5. Position in labor organization. <u>Western Region Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature Stephen R. Flint

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stephen R. Flint

On

8/11/2005

Date

818-766-1856

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Geffner & Bush

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3500 W. Olive Ave., Ste. 1100

City Burbank

State California

ZIP Code + 4 91505

9. Business deals with:

- ☒ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Motion Picture Pension & Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1999

Street 11365 Ventura Blvd.

City Studio City

State California

ZIP Code + 4 91614

11.a. Nature of such dealing.

Provides Legal Services to Union & Trust.
Approximate dollar value for dealing with the Union
in 2004 was \$111,396.00.

Approximate dollar value for dealing with the Trust
is approximately \$350,317.00.

11.b. Approximate dollar value of such dealing.

\$461,713

12.a. Nature of interest held or income received.

Geffner & Bush paid for my lunch on August 30, 2004,
while we discussed union business. The approximate
value of the lunch was \$32.30.

12.b. Amount.

\$32

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.